The Protective Factors Survey

User Manual

FRIENDS National Resource Center for Community Based Child Abuse Prevention
A Service of the Children's Bureau

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The Protective Factors Survey

A guide to administering the Protective Factors Survey

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Introduction

Though there are numerous instruments designed to measure individual protective factors, there is not currently a single instrument that assesses *multiple protective factors* against child abuse and neglect. In 2004, The FRIENDS National Resource Center for Community-Based Child Abuse Prevention began a project to develop a Protective Factors Survey (PFS) for its network of federally-funded Community Based Child Abuse Prevention (CBCAP) programs. This project was initiated to help programs better assess changes in *family protective factors*, a major focus of prevention work.

The PFS is a product of the FRIENDS Network in collaboration with the University of Kansas Institute for Educational Research and Public Service. The instrument was developed with the advice and assistance of researchers, administrators, workers, and experts specializing in family support and maltreatment and psychological measurement. The survey has undergone three national field tests.

Purpose and Use

The PFS is designed for use with caregivers receiving child abuse prevention services. The instrument measures protective factors in five areas: family functioning/resiliency, social emotional support, concrete support, nurturing and attachment, and knowledge of parenting/child development. Workers can administer the survey before, during, or after services.

The primary purpose of the Protective Factors Survey is to provide feedback to agencies for continuous improvement and evaluation purposes. The survey results are designed to provide agencies with the following information:

- A snapshot of the families they serve
- Changes in protective factors
- Areas where workers can focus on increasing individual family protective factors

The PFS is not intended for individual assessment, placement, or diagnostic purposes. Agencies should rely on other instruments for clinical use.

Description

The Protective Factors Survey is a pencil and paper survey. The instrument is divided into two sections, the first section to be completed by a staff member and the second section to be completed by a program participant.

Protective Factors Survey – For Staff Use Only Form
The purpose of the Protective Factors Survey – For Staff Use Only Form is to gather demographic information about the participant. Program staff who are knowledgeable about the participant are asked to complete this section. The Staff Form contains two sets of questions: 1) participant's survey experience, including the administration date, supports provided, and language version used, and 2) program dosage, specifically participant's length of involvement and types of services received.

Protective Factors Survey
The Protective Factors Survey contains the core questions of the survey. This part is designed for program participants who have received or are currently receiving prevention services. In the demographic section, participants are asked to provide details about their family composition, income, and involvement in services. In the family protective factors section, participants are asked to respond to a series of statements about their family, using a seven-point frequency or agreement scale. The following table provides a brief summary of the multiple protective factors covered in the survey.

Protective Factors Covered in the PFS

Protective Factor	Definition
Family Functioning/ Resiliency	Having adaptive skills and strategies to persevere in times of crisis. Family's ability to openly share positive and negative experiences and mobilize to accept, solve, and manage problems.
Social Emotional Support	Perceived informal support (from family, friends, and neighbors) that helps provide for emotional needs.
Concrete Support	Perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need.
Child Development/ Knowledge of Parenting	Understanding and utilizing effective child management techniques and having age-appropriate expectations for children's abilities.
Nurturing and Attachment	The emotional tie along with a pattern of positive interaction between the parent and child that develops over time.

Section I

Instructions for Staff

Preparing the Survey
Administering the Survey

Preparing the Survey

The PFS survey kit contains all the materials that staff will need to prepare the surveys. Although materials can be shared among staff, it is highly recommended that one person be responsible for preparing the survey materials for the agency. Agencies should prepare the surveys several days prior to survey administration, following the steps listed below:

1. **Prepare the Informed Consent Statement**. Staff will need to create an Informed Consent Statement to fit the consent requirements of their organization. Each agency probably has a protocol or statement for collecting data. Agencies should only use the statement approved by their agency or IRB. If agencies do not have an informed consent statement, an example is included in the survey kit (see Section IV). Agencies can modify this one or write their own.
2. **Create survey packets.** Using the master CD located in the survey kit, staff should make one copy of the survey materials for each program participant. Copies of the Informed Consent Statement should also be made. Staff should staple the survey materials together and double-check the page numbers to make sure survey questions are presented in the order as they appear on the electronic copy given to each agency.
3. **Put participant ID number on surveys**. A participant ID number is required to process the survey data. Agencies should use existing case/client ID numbers. This number will allow staff to administer the second round of surveys to the same participants. There are two places that the participant ID needs to be provided (on the cover sheet of the Protective Factors Survey – For Staff Use Only Form and on the first page of the Protective Factors Survey).

Administering the Survey

The survey will take approximately 10-15 minutes to complete. The survey should be administered in a comfortable setting at a time when participants are not easily distracted and can concentrate on the items. Staff are welcome to provide refreshments to participants as long as access to refreshments is not tied directly to completion of the survey.

The survey is designed to be administered in person. Surveys can be administered in a group setting or in one-on-one interviews. The role of staff in the survey process is to facilitate understanding, but not to tell participants how to answer. It is critical that staff members present the survey in a consistent way to all participants. We strongly recommend that staff review the

manual prior to survey administration so that all participants receive the same instructions.

Below is a list of recommended steps for the survey process to ensure consistent data collection. These steps have been written for staff administering the survey in a group setting. Modifications can be made if a different format (i.e. interviews) is used.

1) **Hand out survey packets.** Each participant should receive a survey packet with his/her participant ID number at the top of the survey. Staff should make sure the participant ID number that is written on the packet corresponds with the participant.
2) **Introduce the survey.** Staff should introduce the survey by reading the introductory statement to participants (see "Introducing the Survey" on page 10). After the introduction, staff should give participants a few minutes to read the Informed Consent Statement and sign it if necessary.
3) **Provide alternative arrangements for non-participants**. Alternative arrangements should be provided to participants who decide not to complete the survey. This might include leaving early or providing other activities for them. Staff should discretely provide instructions to non-participants.
4) **Direct participants to the second page of the survey**. The survey starts on the second page of the packet for participants. Staff should instruct participants to skip the cover sheet (For Staff Use Only) and proceed to page one of the survey.
5) **Review general survey instructions with participants**. Staff should review general instructions with participants using the script provided in the manual (see "Reviewing Instructions with Participants" on page 11). It is important that staff provide instructions regarding identification of the target child to all participants.
6) **Start survey**. The participant demographic questions start on page one of the survey packet. Staff should instruct participants to begin the survey. If participants have questions about specific items, staff should provide assistance. Staff can utilize the paraphrasing provided in the manual (Section III) to answer questions.
7) **Collect surveys.** Upon completion, surveys should be collected from participants. If there were any unusual circumstances surrounding the survey administration, staff should note that on the survey.
8) **Complete "For Staff Use Only" Form.** The cover sheet of the survey contains the demographic questions that must be completed by a staff member familiar with the program participant. Instructions for completing the demographic questions are provided in the next section.

Section II

Survey Scripts

Introducing the Survey
Reviewing Instructions with Participants

Introducing the Survey

"I am going to ask you to complete a survey. This survey will help us better understand the needs of the families we serve. We want to provide the best services that we can to all of our parents and families, and this is one way to help us keep on track.

The survey contains questions about your experiences as a parent and your outlook on life in general. The content of the survey should cause no more discomfort than you would experience in everyday life. All of the information that you share with us will be kept confidential and you do not have to put your name anywhere on the survey. The services you receive will not be affected by any answers that you give us in this survey.

Do you have any questions about the survey?"

(Answer participant questions)

[FOR AGENCIES WITH INFORMED CONSENT REQUIREMENTS]
"On the front page of the survey is an Informed Consent Form. This is a document for our records that will be kept separate from the survey. This document tells us whether or not you have agreed to participate in the survey. You do not need to take this survey if you do not want to and the services you receive will not be taken away or changed if you do not take the survey. Please take a few minutes to read the first page of the survey. When you are finished, please check off the appropriate box and sign the form."

(Check to make sure informed consent forms are completed before proceeding)

Reviewing Instructions with Participants

"This survey contains two different sections that you will need to complete. The first section asks for background information about you and your family. You may have already given us some of this information, and we thank you for giving it to us again today so that our survey information can be as complete as possible.

The second section asks about your parenting experiences and your general outlook on life. Please remember that this is not a test, so there are no right or wrong answers. You should choose the best answer for you and your family.

You will notice that the answer choices are on a number scale. Please respond by circling the number that best describes your situation. If you do not find an answer that fits perfectly, circle the one that comes closest.

There is one section in the survey that asks you to focus on the child that you hope will benefit most from your participation in our services. For these questions, it is important that you answer only with that child in mind. Please remember to fill in the space with the child's age so that we can better understand your responses.

When you are finished with the survey you can pass it back to me. If at any time you have questions about the survey, just let me know and I can help you."

Section III

Survey Clarifications

Clarifications on the “For Staff Use Only” Form
Paraphrasing Instructions

Clarifications on the "For Staff Use Only" Form

Agency ID
Please provide the name of your agency.

Participant ID#
Participants do not need to give their names, however a unique participant ID is necessary to process the survey. The participant ID number should be the case/client ID number that the agency uses to track the participant.

Is this a Pretest or Post test?

Please indicate whether the survey being administered is a pretest (given at the initiation of services) or a post test (given at the end of services).

1) Date survey completed
Provide the month, date and year that the survey was completed. Please use the four-digit year (for example, 2007 instead of 07).

2) How was the survey completed?
Please check the most appropriate response:

- ☐ "Completed in a face to face interview" if you met individually with the participant and filled it out together.
- ☐ "Completed by participant with program staff available to explain items as needed" if the participant filled it out with help from staff.
- ☐ "Completed by participant without program staff present" if the participant had no staff assistance.

3) Has the participant had any involvement with Child Protective Services?
Check the most appropriate box:

- ☐ NO if you know that the participant has not had involvement with CPS.
- ☐ YES if you know that the participant has had involvement with CPS.
- ☐ NOT SURE if you do not know whether or not the participant has had involvement with CPS.

4A) Date participant began program (complete for pretest)
Provide the month, date and year that the participant began receiving services from your program. Please use the four-digit year (for example, 2007 instead of 07).

4B) Date participant completed program (complete for post test)
Provide the month, date and year that the participant completed services from your program. Please use the four-digit year (for example, 2007 instead of 07).

5) Type of Services
Identify all of the services that the participant is currently receiving. If you do not find one that matches your program's services, select "other" and provide a two- to four-word description of the program.

6) Service Intensity
A. (COMPLETE AT PRETEST) Estimate the number of hours of service the participant will be offered during the program. You should add up the hours across all services that the participant receives.

B. (COMPLETE AT POST TEST) Estimate the number of hours of service the participant has received since he/she started the program. You should add up the hours across all services that the participant receives.

PROTECTIVE FACTORS SURVEY

FOR STAFF USE ONLY:

Agency ID _____ **Participant ID #** _____

Is this a ☐ **Pretest?** ☐ **Post test?**

1. Date survey completed: __/____/____

2. How was the survey completed?
   - ☐ Completed in face to face interview
   - ☐ Completed by participant with program staff available to explain items as needed
   - ☐ Completed by participant without program staff present

3. Has the participant had any involvement with Child Protective Services?
   ☐ NO ☐ YES ☐ NOT SURE

4. (A) Date participant began program (complete for pretest) ____/____/____

4. (B) Date participant completed program (complete at post test) ____/____/____

5. **Type of Services**: Identify the type of program that most accurately describes the services the participant is receiving. Check all that apply.

☐ Parent Education

☐ Parent Support Group

☐ Parent/Child Interaction

☐ Advocacy (self, community)

☐ Fatherhood Program

☐ Planned and/or Crisis Respite

☐ Homeless/Transitional Housing

☐ Resource and Referral

☐ Family Resource Center

☐ Skill Building/Ed for Children

☐ Adult Education (i.e. GED/Ed)

☐ Job Skills/Employment Prep

☐ Pre-Natal Class

☐ Family Literacy

☐ Marriage Strengthening/Prep

☐ Home Visiting

☐ Other (If you are using a specific curriculum, please name it here) _____

6.) Participant's Attendance: (Estimate if necessary)

A) **Answer at Pretest:** Number of hours of service offered to the consumer: _____

B) **Answer at Post-test:** Number of hours of service received by the consumer: _____

Paraphrasing Instructions for the Participant Form

Occasionally participants need further clarification in order to answer the questions. It is important that staff provide the same explanations to participants so that the survey administration is consistent. The paraphrasing provided below is intended for use by staff during the survey process. If a question arises, staff should rely on the paraphrasing to assist participants.

Demographic Information, Questions 1 - 10

Agency ID #
[The Agency ID # will be provided by the program staff]

Participant ID#
[The Participant ID # will be provided by the program staff]

1) Date survey completed
Write today's date. Please use the four-digit year (for example, 2007 instead of 07).

2) Sex
Are you a male or a female?

3) Age (in years)
Write your current age.

4) Race/Ethnicity
Select the race/ethnicity that best describes you. If the categories do not describe your race/ethnicity, select "other" and provide a description.

5) Marital Status
Select the box that best describes your current marital status.

6) Family Housing
Select the box the best describes what type of home your family current lives in. "Temporary" means that you have places to stay, but that you do not have an on-going residency in a household.

7) Family Income
The family income refers to the combined annual income of all family members in the household and could include earned income, child support, and Social Security payments among other sources.

8) Highest Level of Education
Select the box that best describes the highest level of education that you completed.

9) Which of the following do you currently receive?
Select all categories of assistance that you or anyone in your household currently receives.

10) Children in Your Household
List all of the children that are a part of your household. For each child, identify the child's gender, date of birth, and *your* relationship to that child. If you have more than four children, continue the list on the back of the sheet.

Agency ID _____ **Participant ID #** _____

1. Date Survey Completed: _/____/____ **2. Sex**: ☐ Male ☐ Female **3. Age (in years):** _____

4. Race/Ethnicity. (Please choose the ONE that best describes what you consider yourself to be)

☐A Native American or Alaskan Native ☐B Asian

☐C African American ☐D African Nationals/Caribbean Islanders

☐E Hispanic or Latino ☐F Middle Eastern

☐G Native Hawaiian/Pacific Islanders ☐H White (Non Hispanic/European American)

☐I. Multi-racial ☐J Other _____

5. Marital Status:

☐A Married ☐B Partnered ☐C Single ☐D Divorced ☐E Widowed ☐F Separated

6. Family Housing:

☐A Own ☐B Rent ☐C Shared housing with relatives/friends

☐D Temporary (shelter, temporary with friends/relatives) ☐E Homeless

7. Family Income:

☐A $0-$10,000 ☐B $10,001-$20,000 ☐C $20,001-$30,000

☐D $30,001-$40,000 ☐E $40,001-$50,000 ☐F more than $50,001

8. Highest Level of Education:

☐A Elementary or junior high school ☐B Some high school ☐C High school diploma or GED

☐D Trade/Vocational Training ☐E Some college ☐F 2-year college degree (Associate's)

☐G 4-year college degree (Bachelor's) ☐H Master's degree ☐I PhD or other advanced degree

9. Which, if any, of the following do you currently receive? (Check all that apply)

☐A Food Stamps ☐B Medicaid (State Health Insurance) ☐C Earned Income Tax Credit

☐D TANF ☐E Head Start/Early Head Start Services ☐F None of the above

10. Please tell us about the children living in your household.

Child 1: ☐Male ☐Female	Your relation-	☐A Birth parent	☐B Adoptive parent	☐C Grand/Great Grandparent		
DOB___/___/___	ship to child	☐D Sibling	☐E Other relative	☐F Foster-parent	☐G Other	
Child 2: ☐Male ☐Female	Your relation-	☐A Birth parent	☐B Adoptive parent	☐C Grand/Great Grandparent		
DOB___/___/___	ship to child	☐D Sibling	☐E Other relative	☐F Foster-parent	☐G Other	
Child 3: ☐Male ☐Female	Your relation-	☐A Birth parent	☐B Adoptive parent	☐C Grand/Great Grandparent		
DOB___/___/___	ship to child	☐D Sibling	☐E Other relative	☐F Foster-parent	☐G Other	
Child 4: ☐Male ☐Female	Your relation-	☐A Birth parent	☐B Adoptive parent	☐C Grand/Great Grandparent		
DOB___/___/___	ship to child	☐D Sibling	☐E Other relative	☐F Foster-parent	☐G Other	

If more than 4 children, please use space provided on the back of this sheet.

Paraphrasing Instructions for the Participant Form

Protective Factors Survey, Questions 1-11

1) **In my family, we talk about problems.**
When your family has a problem, how often does your family sit down and talk about it?

2) **When we argue, my family listens to "both sides of the story."**
When there are disagreements in your family, how much of the time does each person get to share their side in an argument?

3) **In my family, we take time to listen to each other.**
How much of the time does your family listen to each other?

4) **My family pulls together when things are stressful.**
When your family is facing a hard time, how much of the time do you work together?

5) **My family is able to solve our problems.**
When your family has a problem, how much of the time are you able to come up with solutions?

6) **I have others who will listen when I need to talk about my problems.**
Do you have family, friends, neighbors or professionals who you can tell your problems to?

7) **When I am lonely, there are several people I can talk to**.
Do you have family, friends, neighbors, or professionals who you can talk to when you are lonely?

8) **I would have no idea where to turn if my family needed food or housing.**
When you need food or housing, you don't know about any available resources.

9) **I wouldn't know where to go for help if I had trouble making ends meet.**
You don't know where to get assistance when you need help paying your bills.

10) **If there is a crisis, I have others I can talk to.**
If you are faced with an emergency or an urgent situation, you have others you can talk to.

11) **If I needed help finding a job, I wouldn't know where to go for help.**
I don't where to get help when I need work.

Part I. Please ***circle*** the number that describes how often the statements are true for you or your family. The numbers represent a scale from 1 to 7 where each of the numbers represents a different amount of time. The number 4 means that the statement is true about half the time.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
1. In my family, we talk about problems.	1	2	3	4	5	6	7
2. When we argue, my family listens to "both sides of the story."	1	2	3	4	5	6	7
3. In my family, we take time to listen to each other.	1	2	3	4	5	6	7
4. My family pulls together when things are stressful.	1	2	3	4	5	6	7
5. My family is able to solve our problems.	1	2	3	4	5	6	7

Part II. Please ***circle*** the number that best describes how much you agree or disagree with the statement.

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
6. I have others who will listen when I need to talk about my problems.	1	2	3	4	5	6	7
7. When I am lonely, there are several people I can talk to.	1	2	3	4	5	6	7
8. I would have no idea where to turn if my family needed food or housing.	1	2	3	4	5	6	7
9. I wouldn't know where to go for help if I had trouble making ends meet.	1	2	3	4	5	6	7
10. If there is a crisis, I have others I can talk to.	1	2	3	4	5	6	7
11. If I needed help finding a job, I wouldn't know where to go for help.	1	2	3	4	5	6	7

Paraphrasing Instructions for the Participant Form

Protective Factors Survey, Questions 12-20

NOTE: Questions 12-20 ask participants to focus on the child that they hope will benefit most from your participation in our services. You can help participants identify the target child by asking, "What child do you think will benefit most from you being here?" or "Which child were you referred for services?" Remind them that they need to provide the child's age first before they answer the questions.

Child's Age or DOB
What is the age and date of birth of the child you hope will benefit most from your involvement in our services?

12) There are many times when I don't know what to do as a parent.
I am often unsure what to do to be a good parent to my child..

13) I know how to help my child learn.
Do you know what your child needs to learn?

14) My child misbehaves just to upset me.
Do you think that your child acts up just to upset you?

15) I praise my child when he/she behaves well.
Do you praise your child for good behavior? If your child behaves well, do you tell him/her how happy you are?

16) When I discipline my child, I lose control.
Do you have a hard time controlling your temper when you discipline your child?

17) I am happy being with my child.
How much of the time do you enjoy being with your child?

18) My child and I are very close to each other.
How much of the time do you feel that your relationship with your child is strong?

19) I am able to soothe my child when he/she is upset.
How much of the time are you able to calm your child down when he or she is upset?

20) I spend time with my child doing what he/she likes to do.
How often do you do activities with your child that he or she enjoys?

Part III. This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child that you hope will benefit most from your participation in our services. Please write the child's age or date of birth and then answer questions with this child in mind.

Child's Age _____ or DOB ____/____/____

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
12. There are many times when I don't know what to do as a parent.	1	2	3	4	5	6	7
13. I know how to help my child learn.	1	2	3	4	5	6	7
14. My child misbehaves just to upset me.	1	2	3	4	5	6	7

Part IV. Please tell us how often each of the following happens in your family.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
15. I praise my child when he/she behaves well.	1	2	3	4	5	6	7
16. When I discipline my child, I lose control.	1	2	3	4	5	6	7
17. I am happy being with my child.	1	2	3	4	5	6	7
18. My child and I are very close to each other.	1	2	3	4	5	6	7
19. I am able to soothe my child when he/she is upset.	1	2	3	4	5	6	7
20. I spend time with my child doing what he/she likes to do.	1	2	3	4	5	6	7

Section IV

Sample Informed Consent Form

Sample Informed Consent Statement

(Name of Program) is conducting an evaluation to make sure that the families we serve are benefiting from our program. It is also a way for us to see what we are doing well and if there are areas in which we can improve. We want to provide the best possible services to our families and this is one way to keep us on track.

Part of the evaluation involves asking program participants to complete a survey about how our services affect them and their families. If you choose to participate in this evaluation, your identity will be kept confidential. No identifying information will be shared with anyone outside of this program.

Other information about the evaluation

Your participation is voluntary. Your services will not be affected by your participation or lack of participation.

Your privacy will be protected. Your name will not appear on the survey. If you are given a case ID, only authorized program personnel will know it and it will not be shared with anyone. Once you have completed the survey, the information on it will be transferred to a database and the survey will be destroyed.

We hope you will help us by participating in this evaluation. Your participation will help us to improve services to all families who may need it.

☐ I agree to participate in the evaluation by responding to the PFS survey.

☐ I choose not to participate at this time.

_____ _____

Participant's Signature Date

_____ _____

Program Staff Signature Date

Section V

Subscale Scores

Computing Subscale Scores
Technical Data

Computing Subscale Scores

The following are directions for calculating the scores by hand.

Step #1: Reverse score selected items
Before subscales can be calculated, all items need to be scored in the same direction such that a higher score reflects a higher level of protective factors. The following items require reverse-scoring: *8, 9, 11, 12, 14, 16.*

To reverse-score the items listed above, use the following scoring transformation: A score of 1 is rescored 7, a score of 2 is rescored 6, a score of 3 is rescored 5, a score of 5 is rescored 3, a score of 6 is rescored 2, a score of 7 is rescored 1.

Step #2: Calculate the subscale scores
Family Functioning/Resiliency
The FFPSC subscale is composed of items 1 through 5. If fewer than 4 of items 1 through 5 were completed don't compute a score. If 4 or more items were completed sum the items responses and divide by the number of items completed.

Social Support
The SS subscale is composed of items 6, 7, and 10. If fewer than 2 of these items were completed don't compute a score. If 2 or more items were completed sum the items responses and divide by the number of items completed.

Concrete Support
The CS subscale is composed of items 8, 9, and 11. If fewer than 2 of these items were completed don't compute a score. If 2 or more items were completed sum the items responses and divide by the number of items completed.

Nurturing and Attachment
The NA subscale is composed of items 17, 18, 19, and 20. If fewer than 3 of these items were completed don't compute a score. If 3 or more items were completed sum the items responses and divide by the number of items completed.

Child Development/Knowledge of Parenting
The knowledge of parenting and child development factor is composed of five unique items (12, 13, 14, 15, 16). Because of the nature of these items, calculation of a subscale score is not recommended. Means, standard deviations, and percentages should be used to assess an agency's progress in this area.

Technical Data

The reliability of each subscale of the PFS has been estimated using an internal-consistency measure of reliability, Cronbach's coefficient alpha. Reliabilities for each subscale are provided below. For further information about the psychometric properties of the PFS, please refer to the technical report, available upon request from the University of Kansas Institute for Educational Research and Public Service.

Subscale	Reliability
Family Functioning/Resiliency	.89
Social Support	.89
Concrete Support	.76
Nurturing and Attachment	.81